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INFORMATION AND IDEAS FROM THE INDIAN HEALTH SERVICE CLINICAL SUPPORT CENTER

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TRAIN-THE-TRAINER COURSES

Although the idea of train-the-trainer courses is appealing, our experience has been that too often those trained to teach others don't end up putting on many courses. In this issue of The Bulletin*, we offer some observations and suggestions that may help make these courses more successful.*

First, we should define what we are talking about. A train-the-trainer course is one where the expectation is that those trained in the **primary course** will, in turn, teach the material to others, in **secondary courses** at a later time, usually back at their own facilities. An example might be a course entitled "Screening Diabetic Patients for Neuropathy" at which various healthcare providers are taught how to teach others at their facility to implement a protocol for screening all patients for neuropathy.

The appeal of this method is that you can theoretically gain a lot of "mileage" out of the primary training because of a multiplier effect: each person you train can go out and put on one or more courses for many other providers. Other advantages are that since the secondary training is done locally, it is less costly in terms of travel and time away from work, and it can be tailored to the specific needs of the facility. You will realize these advantages however only **if you beware of some caveats**.

If you are going to use this model, you need to clearly define your goals and convey these to your faculty and your trainers who are to return to the field. Everyone needs to understand that the purpose of the primary course is to teach the participants 1) the clinical knowledge and skills that they will need, 2) how to teach others, and 3) how to plan and implement secondary courses. It will not suffice to teach them the subject matter and then say "Oh, by the way, you're supposed to teach others about this at your service unit." Adequate time during the primary course should be devoted to learning how to prepare a talk, tailoring the subject matter to the needs of the particular audience, developing audiovisuals, practicing presentations, and other **teaching** concepts, as well as the clinical content.

One of the first, and most crucial, steps in designing a train-the-trainer course is the selection process for those participants in the primary course who are expected to become, in turn, trainers. The announcements need to make it clear that those selected are expected to learn not just the subject matter, but also how to teach it. Additionally they will be expected to put on training courses, and their administration and supervisors must agree to give them time and resources to put on the secondary training. We have seen too many instances where this was not made clear, and those trained had no real interest in teaching, or were not given time away from their regular duties to put on secondary courses.

It should be clearly stated who the trained trainers are expected to put on courses for, and who is expected to cover expenses, especially if this means time and travel away from their own facility.

Not infrequently, participants are sent to such training only because they are available to go. It may be a good idea to screen nominated participants over the phone to assess their abilities, interests, and resources.

The Advanced Cardiac Life Support (ACLS) course offers some valuable insights for successful train-the-trainer courses. During the regular ACLS Provider Courses for clinicians, the faculty identify individuals who show promise as instructors by virtue of their grasp of the material and potential aptitude for teaching. These candidates then take the ACLS Instructor Course (a train-the-trainer course), but, before they are "set free" to serve as faculty in secondary courses, they serve as apprentice faculty for a period so as to assure their teaching skills under supervision. In order to retain their status as faculty, they must serve as faculty for a minimum number of courses in any given year. Throughout all of this, they are continuously evaluated and given feedback to improve their abilities. While this process might seem like it would yield fewer "graduate" trainers, it is probable that those who are selected are more likely to go on to become trainers in secondary courses. Most important, those trained will have the knowledge, skills, and experience required to put on effective ACLS courses.

One should consider the following principles, then, that are part of the ACLS course faculty development process: 1) select all trainers based on their mastery of the subject matter, their potential as instructors, and their expressed interest in teaching; 2) give them an opportunity to help teaching before they put on their own courses; 3) give them the curriculum, forms, audiovisuals, handouts, texts, and other materials to support their courses; and 4) give them the ability to evaluate and continuously improve their teaching effectiveness.

One last matter. Too often even well qualified and prepared trainers go to put on their own course and have no idea about how to arrange sponsorship of their course and obtain continuing education credit. Include a brief session in the primary course about sponsorship and CE credit. If you wish, you may contact the Clinical Support Center for assistance with this.

THE BOTTOM LINE . . .

Train-the-trainer courses have great potential to convey new knowledge and skills well beyond the place and time of the initial training. However, several design flaws are common and, if no attempt is made to avoid these, the results can be disappointing. Please feel free to contact us if you are contemplating a course like this and let us share with you the experiences of those who have gone before you.

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